

# Request for Presumptive Medicaid Disability Decision



## Request

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Date of request 12/1/14 Date application signed 12/09/14

☐ Nursing Facility ☐ Waivered services (indicate type)

EPD ☐ Yes ☒ No

Retroactive medical coverage requested back to 10/2/14

Applied for Social Security Benefits? ☒ Yes ☐ No

Status on VERSA ☐ Pending ☒ Denied-Date denied 11/01/14

If denied, is client alleging a new or different condition not previously considered by SSA? ☒ Yes ☐ No

New or different condition cancer

If denied, is client alleging significantly worsened condition?  
☐ Yes ☒ No

What condition(s) worsened?

Expedited decision needed? ☐ Yes ☒ No

Reason for expedited request

☐ Waivered service or nursing facility need

☐ Life threatening illness (see page two of this form)

- Field approval date

## Instructions

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Send the following completed documents:

- SDS 0620, Request for Presumptive Medicaid Decision
- SDS 0708, Showing education level and employment history for last 15 years with details of occupation and duties, medical providers.
- DHS 2099, Authorization for Use & Disclosure of Health information.

*Note: Be sure to include on 2099 for each provider that is listed on SDS 0708.*

- SDS 0620A and B, Activities of Daily Living for Mental Impairment Cases.
- All available medical records.

Submit to: Department of Human Services

Seniors and People with Disabilities/PMDDT

3420 Cherry Ave. NE, Suite 140

Salem, OR 97303

Phone: (503) 373-1474

Fax: (503) 373-7902

Seniors and  
People with  
Disabilities

SDS 0620

Client

Afternoon, Friday H

Date sent  
12/14/14

Case number  
xx5528

Prime number  
xx1234xxx

Date of birth  
08/27/70

Program  
5

Branch code  
1234

Worker  
name of worker

Worker phone #  
direct line of worker

## Life-Threatening Illness

If a client's condition meets one of the following criteria, a field approval can be made. Submit supporting documentation to PMDDT.

- ☐ A physician or **hospice** official confirms that an individual is receiving hospice services because of a terminal illness.
- ☐ 1.05 **Amputation** of both hands or one or both lower extremities at or above the tarsal region with stump complications resulting in medical inability to use a prosthetic device to ambulate effectively which has lasted or expected to last 12 months.
- ☐ 2.02 Allegation of **total blindness** with impairment of visual acuity with remaining vision in the better Eye after the best correction is 20/200.
- ☐ 2.08 Allegation of **total deafness** with hearing not restorable by hearing aid.
- ☐ 6.02 Impairment of renal function due to chronic renal disease expected to last 12 months, with a need for chronic hemodialysis or peritoneal dialysis due to **irreversible renal failure**.
- ☐ 7.11 Confirmed **acute leukemia** including T-cell lymphoblastic lymphoma.
- ☐ 11.04 **Central nervous system vascular accident** (CVA or "stroke") more than 3 months in the past resulting in motor aphasia or significant and persistent disorganization of motor function in two extremities resulting in sustained disturbances of gross and dexterous movements, or gait and station.
- ☐ 11.06 Allegations of **Parkinsonian syndrome** with significant rigidity or tremor in two extremities which result in sustained disturbance of gross and dexterous movements, or gait and station.
- ☐ 11.07 Allegation of **cerebral palsy** with an I.Q. of 70 or less or significant interference with an I.Q. of 70 or less or significant interference with speech, hearing or vision or motor function (paresis, paralysis, tremor or other involuntary movements) in two extremities.
- ☐ 11.08/11.13 Allegation of a **spinal cord injury** or **muscular dystrophy** with significant and persistent disorganization of motor function (paresis, paralysis, tremor or other involuntary movements) in two extremities.
- ☐ 11.09/11.10/11.17 Allegations of **Multiple Sclerosis, Amyotrophic Lateral Sclerosis (ALS), or advanced Huntington's Chorea** with significant and persistent disorganization of motor function resulting in sustained disturbance of gross and dexterous movements, or gait and station in two extremities.
- ☐ 12.05 (B) & (C) **Mental retardation** with a valid verbal, performance, or full scale I.Q. of 59 or less.
- ☐ 13.00 Allegations of **Inoperable Cancer** (where surgery is thought to be of no therapeutic value or the surgery cannot be performed).
- ☐ 13.01 Cancer with distant metastases.

## Children under 18 years of age:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 100.02(A)(B) Growth impairments | <input type="checkbox"/> 111.02 Major seizure disorder | <input type="checkbox"/> 112.10 Autistic disorder  |
| <input type="checkbox"/> 103.04 Cystic Fibrosis          | <input type="checkbox"/> 111.07 Cerebral Palsy         | <input type="checkbox"/> 113.01 Neoplastic disease |
| <input type="checkbox"/> 110.06 Down Syndrome            | <input type="checkbox"/> 112.05 Mental retardation     |  |